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U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO.	APPLICATION SERIAL NO.	EXAMINER	ART UNIT
10052/1601	09/931,948	PATEL, Ashok	2879

INVENTORS: Min-Hao Michael LU and Michael S. WEAVER

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: April 18, 2005

Signature: _____
Stuart D. Sinder (Reg. No. 25,377)

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/931,948, filed on August 20, 2001, entitled **TRANSPARENT ELECTRODES**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

_____ (Preliminary) Amendment
__X__ Information Disclosure Statement and Form PTO-1449
_____ Drawing Changes
_____ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE ($) PER CLAIM	FEE ($)
BASIC FEE						790.00
TOTAL CLAIMS		20		0	50.00	0.00
INDEPENDENT CLAIMS		3		0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					390.00	
				*Number extra must be zero or larger	TOTAL	790.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL	.00

2. Please charge the required RCE and submission filing fee of **$790.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11–0600**.

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3. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11–0600**.

4. A duplicate copy of this transmittal form is enclosed.

Respectfully submitted,

Dated: April 18, 2005

Stuart J. Sinder (Reg. No. 25,377)

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